

585-242-3

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1. CORRESPONDENCE ADDRESS



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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/831,086	02/07/92	013	MIS, D	
First Named Applicant				I, OLE K. NILSEN, HEREBY CERTIFY THAT THE DATE OF DEPOSIT 050210 U.S. POSTAL SERVICE OF THIS PAPER OR FEE IS: 10-9-92

TITLE OF INVENTION NILSEN, OLE K.

ELECTRONIC TRACK LIGHTING SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	315-210.000	E37	UTILITY	YES	\$585.00	10/09/92
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3. Further correspondence to be mailed to the following:

Ole K. Nilssen
Caesar Drive
Barrington, IL 60010

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

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2

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A. This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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